

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		7-26-99
O.I.P.E. CLASSIFIER		59	7-30
FORMALITY REVIEW		65955	8/10

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	7-26-99
2	✓
3	0
4	1
5	1
6	✓
7	1
8	1
9	0
10	1
11	1
12	1
13	✓
14	✓
15	—
16	1
17	1
18	1
19	1
20	1
21	✓
22	—
23	1
24	1
25	1
26	1
27	1
28	✓
29	1
30	1
31	1
32	0
33	1
34	1
35	1
36	✓
37	1
38	1
39	0
40	✓
41	1
42	1
43	1
44	1
45	1
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47	1
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here